

FACILITY NAME: Smithway Motor Xpress, Inc
LOCATION: RR5, Ft Dodge, IA 50501
RCRA ID #: IAD062776083 DATE: 11/1/94

IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? _____

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____

3. NO? Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. _____

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: _____

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: _____

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: _____



R00050601
RCRA Records Center

FACILITY NAME: _____
LOCATION: _____
RCRA ID #: _____

IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.

8. Is the facility currently storing hazardous waste generated as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.

TYPE	AMOUNT	I, O or B
Examples:		
Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did the facility generate hazardous waste as a result of the flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.

TYPE	AMOUNT
Examples:	
Contaminated MEK	2 - 55 gal. Drums
Cleaning Products	6 spray bottles

_____	_____
_____	_____
_____	_____
_____	_____

OTHER COMMENTS:

Last Revised: 1/25/91

Time to complete screening: 58 min.

RCRA SCREENING CHECKLIST

Inspector: Vince Ward Primary Media: _____

Date: 1/1/94

Facility: Smithway Motor Xpress, Inc

Facility Address: RR 5, Ft Dodge, IA 50501

Phone (515) 573-8811

Contact/Title: Doug Witt / maintenance manager

SIC #: _____ Process: Fleet operations

Office Questions:-----

1) Facility description 10 acres of land, 3 buildings: office, 2-shop facilities

2) Does facility have an EPA ID number? Yes X No #IAD06277608

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) used oil: 1000 gal/month, removed by
Jebro; waste paint thinner: 25 gal/month, removed
by W.S. Supplies Co.

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes _____ (please note which ones are classified as HW) No X

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping /Landfills/Surface Impoundments? Describe: none according to Doug Witt

Field Observations:-----

6) Are CIW/HW stored on-site? Yes X No _____

Describe (material, approximate quantity, storage method):

parts washer solvent: in use, used oil: 150 gal, 500 gal tank, waste paint thinner: 30 gal, 55 gal drum

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): parts washer: closed, labeled "flammable" liquid, not leaking, waste paint thinner

drum: open funnel on top, unlabeled, used oil tanks open, unlabeled,

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes _____ No X Describe: not leaking.

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes _____ No X Describe _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes X No _____ Describe: waste paint thinner not considered hazardous waste, parts washer (cont.)

11) Recommendations and/or Additional Observations: Doug Witt gave above EPA ID#. Tour covered maintenance facilities, took 7 min.

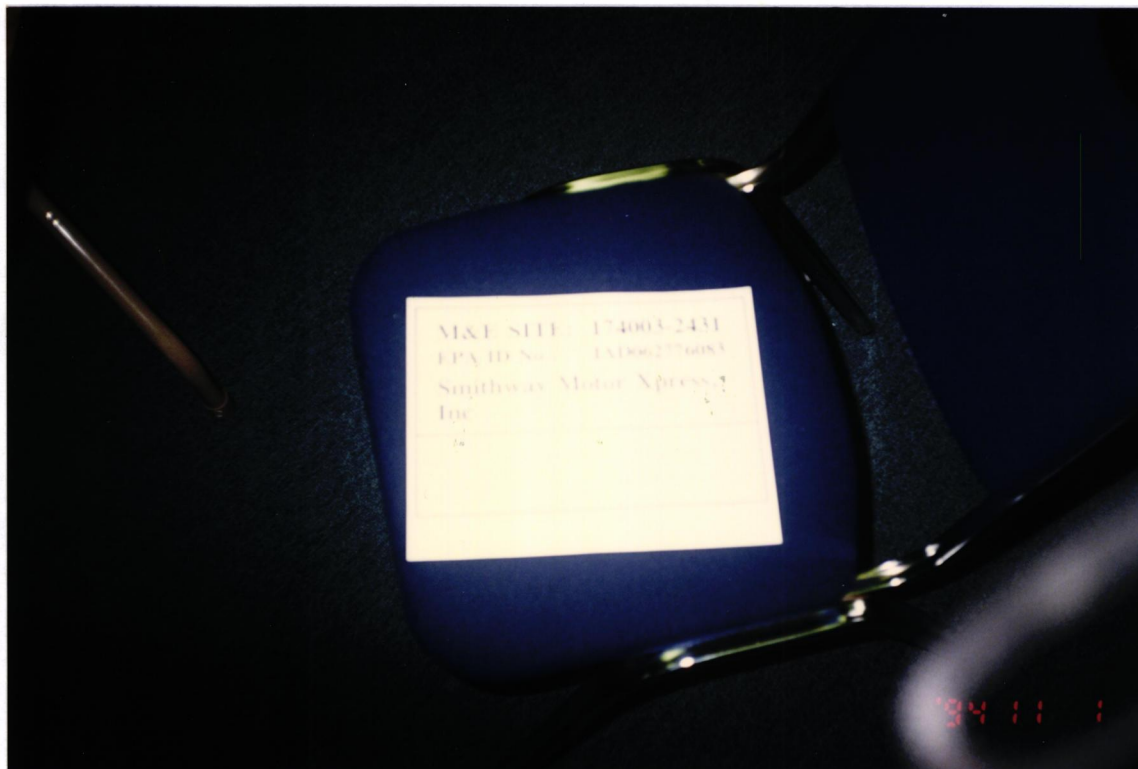
10. (cont.) solvent not considered HW; all drums open, unlabeled.

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Facility: Smithway Motor Xpress, Inc.

Location: Fort Dodge, IA

Photographer: Vince Ward

Witness: None

Date: November 1, 1994

Direction: --

Camera Type: Canon 35mm

Film Type: 100 ASA

Time: 1253

Subject: Site #2431 identification sheet.

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Facility: Smithway Motor Xpress, Inc.

Location: Fort Dodge, IA

Photographer: Vince Ward

Witness: None

Date: November 1, 1994

Direction: North

Camera Type: Canon 35mm

Film Type: 100 ASA

Time: 1255

Subject: An unlabeled, 55-gallon drum with open funnel on top containing 30 gallons of waste paint thinner.

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Facility: Smithway Motor Xpress, Inc.

Location: Fort Dodge, IA

Photographer: Vince Ward

Witness: None

Date: November 1, 1994

Direction: North

Camera Type: Canon 35mm

Film Type: 100 ASA

Time: 1258

Subject: An open, unlabeled, 500-gallon tank containing 150 gallons of used oil.



FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD062776083		Manifest Document No. 913131812		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Smithway Motor Express, Inc. R.R.5 P.O.Box 404 Fort Dodge, IA 50501						A. State Manifest Document Number WI J373189							
4. Generator's Phone 515-576-7418						B. State Generator's ID							
5. Transporter 1 Company Name W. S. Supplies				6. US EPA ID Number IAD980854350		C. State Transporter's ID							
7. Transporter 2 Company Name J.S. HUNT SPECIAL COMMODITIES, INC.				8. US EPA ID Number AID981908551		D. Transporter's Phone 712-647-2252							
9. Designated Facility Name and Site Address Waste Research & Reclamation Co., Inc 5200 State Rd. 93 Eau Claire, WI 54701				10. US EPA ID Number WID990829475		E. State Transporter's ID							
						F. Transporter's Phone 800-530-7862							
						G. State Facility's ID							
						H. Facility's Phone 715-834-9624							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. RC-Waste Paint Related Material Flammable Liquid NA1263 (PO03)						200 D M		21.220 P				F O O 3	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above a. 9-10182-LRR210						K. Handling Codes for Wastes Listed Above a. F005/DO01							
15. Special Handling Instructions and Additional Information ALL MATERIAL FOR RECYCLING 24 HR EMERGENCY PHONE 712-647-2252													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name & Position Title MIKE MONTGOMERY BODY MAN						Signature <i>Mike Montgomery</i>						Date Month Day Year 08/31/93	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name & Position Title MERRILL K. MOHN, PRESIDENT						Signature <i>Merrill K. Mohn</i>						Month Day Year 08/31/93	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials												Date	
Printed/Typed Name & Position Title BERRY WOOD, DRIVER						Signature <i>Berry Wood</i>						Month Day Year 09/10/93	
19. Discrepancy Indication Space													
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name & Position Title DEAN SABIN FURNACE						Signature <i>Dean Sabin</i>						Date Month Day Year 09/13/93	

RCRIS HANDLER INFORMATION

This form completed on 11/1/94 (date) by Vince Ward (name of person completing form)
Metcalfe & Eddy (name of person's employer), ~~TES~~ REPA Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IA 0062776083

1. NAME OF INSTALLATION (COMPANY CURRENTLY OCCUPYING SITE):

Smithway Motor Xpress, Inc

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"

- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: .5 mile South of County Hwy's P59 &

CITY/ZIP CODE: Ft Dodge, IA 50501

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: PO Box 404

CITY/ZIP CODE: Ft Dodge, IA 50501

4. INSTALLATION CONTACT PERSON:

Name: Doug Witt

Title: maintenance manager

Telephone Number: Area Code (515) 573-8811

Street Address: RR 5

City/Zip Code: Ft Dodge, IA 50501

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: William G. Smith

Street Address: RR 5

City/Zip Code: Ft Dodge, IA 50501

Telephone Number: Area Code (515) 573-8811

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY)

☒ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☒ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☒ Other: (specify) used oil generator

RCRIS data entered
BY COX/AARP/EE
ON 3/7/97

IAD062 776083

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name <i>Smithway Motor Xpress, Inc</i>	
Facility Address <i>RR 5, Ft Dodge, IA 50501</i>	
Inspector (print) <i>Vince Ward</i>	Title <i>inspector</i>
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	
Date <i>11/1/94</i>	

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

LA D062776083

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

Facility Name	Smithway Motor Xpress, Inc
Facility Address	RR 5, Ft Dodge, IA

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____

Title _____

Address _____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

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To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
Maintenance Manager	
Signature/Date	
Doug Witt	Doug Witt 11/1/94

(rev:1/20/93)

AD062776083

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name	Smithway Motor Xpress, Inc
Facility Address	RR 5, Ft Dodge, IA 50501

Information for which confidential treatment is requested:

none

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
Doug Witt	Doug Witt 11/1/94
No confidential treatment claimed during the inspection: <u>DW</u> (Facility Representative's initials)	
Inspector (print)	Signature/Date
Vince Ward	Vince Ward 11/1/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

LA006277 6083

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	Smithway Motor Xpress, Inc
Facility Address	RR 5, Ft Dodge, IA 50501

Documents Collected? YES X (list below) NO

Samples Collected? YES (list below) NO X Split Samples: YES NO

Documents/Samples were: 1) Received no charge X 2) Borrowed 3) Purchased

Amount Paid: \$ Method: Cash Voucher To Be Billed

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

W.S. Supplies manifest # : 93382

Facility Representative (print)	Signature/Date
Doug Witt	Doug Witt 11/1/94
Inspector (print)	Signature/Date
Vince Ward	Vince Ward 11/1/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	